

SNAP-Ed Report: Nurturing Healthy Food Access Partnerships in Clayton County



HAND, HEART + SOUL
PROJECT

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Background

The Hand, Heart + Soul Project (HHSP) is a not-for-profit organization that provides children and families access to nutrient-dense foods and works with early care and education (ECE) programs to develop holistic programs focused on health, wellness, nutrition, and education. HHSP celebrates with, advocates for, and advances the needs of its communities in Clayton County, Georgia. According to the US Census Bureau, 73.6% of Clayton County's 296,564 residents are Black/African American, and 13.6% are Hispanic/Latino. Sixty-six percent of Clayton County's children under six years old are living below 200% of the Federal poverty level compared with the 45% Georgia average (GEEARS Early Childhood Profile). The Clayton County School System's Free and Reduced Meal Rate is 90.35%. All schools (except two) in the district have a rate of over 90% (Georgia Department of Education). In 2020, 22.3% of Clayton County residents were average monthly SNAP recipients (Georgia Data). According to the USDA Economic Research Service (2019), twelve census tracts in the Forest Park, Conley, Riverdale, and Morrow areas are "food deserts" with low supermarket access and eleven census tracts have low vehicle access.

HHSP's overarching goal is to build strong, healthy communities through people development, policy and advocacy, best practices, and wellness. HHSP's programming uplifts not only the communities served at model demonstration sites, but also impacts the lives of socially and economically marginalized young children and their families across Clayton County and beyond.

To pursue its goals, HHSP establishes MOUs with ECE and school programs in Clayton County. For this evaluation, HHSP partnered with seven ECE programs that serve children 0 to 5 years old (several provide after-school care for school-age children) and one public charter middle/high school. These sites can serve 1170+ children/families and 70+ staff. More recently, HHSP also coordinated the Clayton Collective, a Farm to ECE/Farm to School and equity building program for grassroots leaders to address access to high-quality education, nutrition education, and healthy foods through parent engagement and provider and teacher support. Instead of prescribing solutions for communities, the Clayton Collective works with local leaders to design solutions. The Collective—established in 2020—honors the genius and expertise of each leader and what they bring to the table—community knows what community needs.

In collaboration with the Public Health Institute (PHI), HHSP developed a formative evaluation to determine what nutrition education and outreach support is needed at Clayton County ECE programs and one middle school to increase the consumption and purchase of healthy foods, including fruits and vegetables, among the children, families, and staff served. This evaluation serves as HHSP's Community Plan which will guide the Clayton Collective's collaboration and HHSP's services to deepen and expand nutrition education and food access support at the seven sites in 2024-2025.

Evaluation Questions

The overarching evaluation questions for this work are listed below:

1. What are common needs identified across ECE sites to improve access or create appeal for nutrition support for young children, their families, and staff?
2. What are the needs identified by residents (i.e., parents and caretakers) to improve access or create an appeal for nutrition support?
3. What are the top needs for improving access or creating appeal for nutrition support for middle school students, their families, and staff?

4. How can HHSP best support the identified needs?

Methods

The HHSP team used three tools to answer the overarching evaluation questions: Go Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC), FoodCorps Healthy School Toolkit Healthy School Progress Report, and a condensed version of the Wilder Collaboration Factors Inventory. Findings from this two site-level and one partnership-level assessment were used to determine top strengths and top needs for improving access to nutrition education and healthy food for Clayton County SNAP-eligible residents. Additionally, a focus group with Clayton County parents and caretakers was conducted to gather additional resident-level feedback on nutrition education and food access needs.

HHSP engaged the administrators and directors of the seven ECE providers and the middle school in completing individual site-level policy, systems, and environments assessments and a partnership collaboration assessment. The assessments were conducted on-site, via telephone, and/or during a Clayton Collective meeting. HHSP, with support from evaluator Caree Cotwright, Ph.D., RDN, distributed the assessments to the Clayton Collective sites, aggregated the data, and identified the top strengths and needs across all sites and of the partnership. The focus group was conducted by the HHSP Lead Evaluator, Linda Animashaun, DrPH, MPH, CHES at the Clayton County Headquarters Library. Dr. Cotwright compiled data from the Go NAPSACC and FoodCorps Healthy School Toolkit. Dr. Animashaun analyzed data from all three assessments.

Go NAPSACC Child Nutrition Assessment

Go NAPSACC is a series of [online self-assessments](#) that help childcare providers compare their facility's healthy eating and physical activity habits practices to Go NAPSACC best-practice standards. Providers can assess their practices in any of the eight Go NAPSACC modules (e.g., child nutrition, Farm to ECE, Outdoor Play) and identify areas in need of improvement. During this evaluation, site administrators from seven sites completed the GO NAPSACC Child Nutrition Assessment (accessed on January 2023). This assessment contains 45 questions about the foods and beverages provided to children and the environment and teacher practices. Responses from all the individual assessments were aggregated to determine the strengths and top areas of need across all sites.

The FoodCorps Healthy School Toolkit Healthy School Progress Report

The [FoodCorps Healthy School Toolkit Healthy School Progress Report](#) is a set of resources designed to assess the school food environment, guide schools in creating a vision for the future, and document an action plan for working toward that vision. Schools can use the tool to evaluate a school's history and progress in creating a healthy food environment. An administrator from a combined public middle/high school completed the assessment. Responses from the Healthy School Toolkit were used to identify areas of strength and top areas for change.

Wilder Collaboration Factors Inventory (Condensed Version)

The [Wilder Collaboration Factors Inventory](#) is a tool to assess how collaboration is doing on research-tested success factors (e.g., history of collaboration or cooperation in the community, mutual respect, understanding, and trust). The original tool assesses the level of collaboration in a collective action work by analyzing average responses to 44 scaled questions. The tool is taken individually by each partner and responses are averaged to determine the degree to which the collaboration is meeting

strong indicators of success. The tool also includes two open-ended response questions- 1. What is working well in your collaborative? And 2. What needs improvement in your collaborative?

Because the Clayton Collective is a relatively new group, HHSP selected 21 of the most relevant questions (including the two open-ended questions) from the inventory and administered this condensed version to the Collective members—primarily administrators and directors of seven ECE programs. The aggregated responses from the assessment were used to determine key areas of strength for the Collective and areas in need of improvement. See Appendix A for the condensed version of the Wilder Collaboration Factors Inventory.

Parent and Caregiver Focus Group

The HHSP evaluation team, in conjunction with PHI, developed a focus group guide that included questions about nutrition education and food access needs and opportunities from the perspective of Clayton County parents and caregivers. The team obtained a non-human subjects research determination from the Public Health Institute’s Institutional Review Board in June 2023 and conducted the focus group in July 2023. Three participants signed an informed consent form and were reimbursed for their participation. See Appendix B for the Parent and Caregiver Focus Group Guide.

Data Analysis

The evaluation team analyzed the three assessments using descriptive statistics (e.g., mean, median, range). The parent/caregiver focus group was audio-recorded and transcribed verbatim. The HHSP Lead Evaluator conducted a thematic analysis on the focus group transcription.

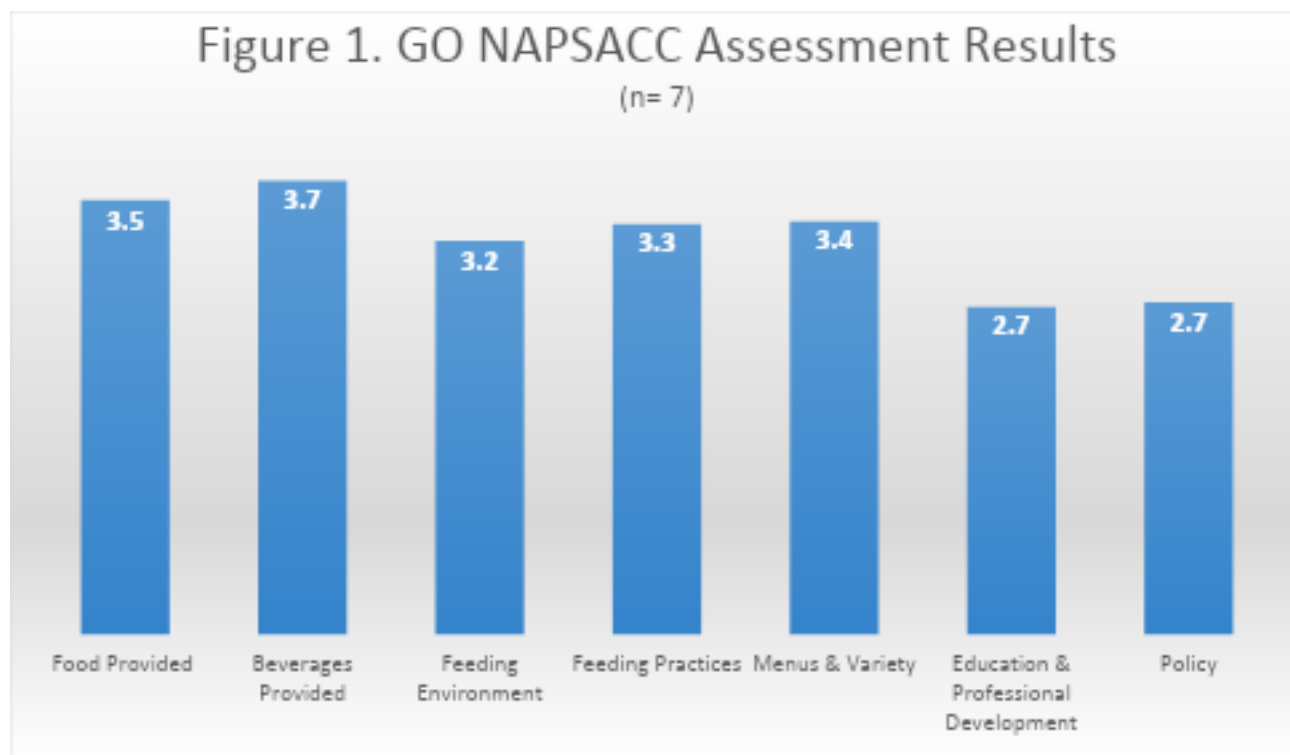
Results

GO NAPSACC

Go NAPSACC was administered in seven ECEs, where respondents rated their centers from 1 (below standard) to 4 (far exceeds standard) in seven domains:

- 1) Food provided (e.g., number of times program fruit is offered weekly; number and variety of vegetables offered weekly; number of times fried and pre-fried potatoes or meats are offered),
- 2) Beverages provided (e.g., availability of drinking water; frequency of 100% fruit juice offered; type of milk offered to children two years and older),
- 3) Feeding environment (e.g., teachers modeling healthy eating habits; teachers eating and drinking the same foods as children; how meals and snacks are served to preschool children; location of vending machines),
- 4) Feeding practices (e.g., teachers praising children for trying new foods; how teachers respond to children not finishing their meals or requesting seconds; teachers using an authoritative feeding style),
- 5) Menus and variety (e.g., length of program’s menu cycle; a variety of healthy foods on the menu),
- 6) Education and professional development (e.g., teachers incorporating planned and informal nutrition education; teachers receiving professional development on child nutrition; child nutrition education offered to families), and
- 7) Policy (e.g., what is included in written policy on child nutrition).

The evaluation team calculated means for each domain, and the results are shown in Figure 1 below.



On average, the ECEs assessed are, at minimum, meeting the standard (i.e., a score of 2 or above). They indicated that they offer fruit at least once per day—often fresh, frozen, or canned (not in syrup). They also serve vegetables and whole-grain foods at least once per day. ECEs stated that they offer fried or pre-fried potatoes or meat less than once per week. High-sugar, high-fat foods are offered about 1-2 times per week. ECEs indicated that they offer drinking water at all times, making it visible to children. They offer 100% fruit juice two times per week on average, and they never offer flavored milk.

The assessment also demonstrated that teachers typically eat and drink the same foods and beverages as the children, and they sometimes eat unhealthy foods in front of the children. More often, they role model healthy eating for their students. Teachers often praise children when they try new or less-preferred foods, but they sometimes ask probing questions when a child eats less than half of their meal or snack or asks for seconds. While the menu cycle duration is about two weeks on average, ECEs shared that they always offer a variety of foods.

ECEs rated Beverages provided the highest at a score of 3.7, suggesting that they exceed the standards in that area. Domains with the lowest scores are Education and Professional Development and Policy. This suggests that the ECEs assessed may need additional support offering nutrition education for children and their families, professional development on child nutrition for educators, and having more robust written policies on child nutrition at their centers.

The FoodCorps Healthy School Toolkit Healthy School Progress Report

A healthy school team from a public charter middle/high school in Clayton County completed the Healthy School Progress Report. This progress report has three areas of assessment: 1) Hands-on Learning, 2) Healthy School Meals, and 3) Schoolwide Culture of Health. Overall, the team indicated that the school meets nutrition standards and receives school- or district-level support to implement the standards. The school does not have preferred curricula for nutrition or garden education; however, 12 of the 16 sixth to ninth-grade classes are receiving some form of nutrition and garden education, and the school uses its garden's produce as part of school meals. When asked about communications regarding the district wellness plan, the team reported that they didn't know about these communications or that there was no communication of the plan. Below is a summary of results from the three areas of assessment.

Hands-On Learning

Based on this progress report, the school has both an indoor and outdoor space dedicated to food-related activities. The school has a garden care plan and hosts regular volunteer work days in the garden. Furthermore, the school arranges classroom visits with farmers and chefs and takes students on farm and community garden visits. The school offers many lessons and activities using best practices in nutrition-, food-, and garden-based education in all four grades and during after-school time. However, the following lessons are only taught during the after-school program:

- Focusing on eating more fruits and vegetables at school lunch,
- Focusing on setting goals for increasing eating fruits and vegetables, and
- Focusing on monitoring progress toward the goals of eating more fruits and vegetables.

At present, the sixth and seventh-grade students do not receive lessons that incorporate an appreciation of how different cultures prepare fruits and vegetables.

Healthy School Meals

In terms of the school food environment, the healthy school team reported that lunchtime is a respected part of the day where healthy food choices look appealing and the appropriate size for students to eat. The school offers salad bars—with a variety of fresh, local fruits and vegetables—as a part of the lunch line, making it easily accessible to students. Additionally, the school promotes wellness and healthy eating through signage in hallways, the cafeteria, and in display cases. Students also promote healthy eating by creating announcements that share meal options in fun and exciting ways.

A potential area of need is the promotion of healthy foods via taste tests. The team indicated that taste tests of fruits and vegetables are not offered during school meals and that adults never model salad bar eating behaviors.

Schoolwide Culture of Health

The healthy school team's assessment results suggest that there is a substantial culture of health at the school. There appears to be support from educators, parents, the community, and the administration. Educators are intentional about connecting nutrition-, food-, and/or garden-based learning to their existing curriculum. The school shares healthy eating resources with families and the community, and parents and other community members volunteer for the school garden. There are more than three champions at the school, and their wellness committee has representatives from administration, community partners, parents, students, teachers, and other school staff.

The assessment indicated that an area of need may be additional support for and/or from the school food service director. It is unclear from the assessment what type of support this director may need.

The Wilder Collaboration Factors Inventory (Condensed Version)

Seven members of the Clayton Collective—administrators and directors of ECEs—completed the Wilder Collaboration Factors Inventory. They completed a total of 19 scaled items (1 = completely disagree to 5 = completely agree) and two open-ended questions. The HHSP Lead Evaluator calculated mean scores for each scaled item. Tables 1 and 2 below highlight the five highest and lowest scores.

Table 2. Five Lowest Average Scores (n= 7)

Table 1. Top Five Highest Average Scores (n= 7)

Assessment Question	Mean Score
I have a lot of respect for the other people involved in this collaboration.	4.7
The time is right for this collaborative project.	4.6
My organization will benefit from being involved in this collaboration.	4.6
Information about our activities, services, and outcomes is used by members of the collaborative group to improve our joint work.	4.6
The people involved in our collaboration represent a cross-section of those who have a stake in what we are trying to accomplish.	4.4
Assessment Question	Mean Score
This collaborative group has been careful to take on the right amount of work at the right pace.	3.7
Communication among the people in this collaborative group happens both in formal meetings and informal ways.	3.7
All the organizations that we need to be members of this collaborative group have become members of the group.	3.7

The people who lead this collaborative group communicate well with the members.	3.6
I personally have informal conversations about the project with others who are involved in this collaborative group.	3.4

While respondents state that they respect other members of the Clayton Collective and understand how the Collective's work benefits their organization, they indicate that communication within the Collective—formal or informal—is an

area of growth. The need for more effective communication was also a common response to the open-ended question asking about improvement in the Collective. Strength areas, as noted in another open-ended question, include the sharing of resources, ideas, and strategies.

Parent Focus Group

The HHSP Lead Evaluator moderated a focus group with parents and caregivers at the Clayton County Headquarters Library in July 2023. Three participants discussed the support needed for children in Clayton County to increase the consumption and purchase of healthy foods, including fruits and vegetables. The topics discussed fell into the following categories: 1) Local food environment, 2) Interest in farm stands/mobile farmer's markets, 3) Ideas to increase fruit and vegetable (FV) consumption in the community, and 4) Civic engagement around food.

Local Food Environment

When asked about where they most often buy fresh FV, participants stated that they have to leave their communities for affordable, high-quality produce. They indicated that they face challenges with accessibility, availability, and affordability within their communities because they mentioned that Clayton County is a food desert. To improve the availability of healthy foods in their communities, participants recommended writing and enacting policies about fresh meat being sold, teaching agriculture in schools, and more farm stands and mobile trucks. They also recommended considering senior citizens in their communities because they have less ability to access fresh FV.

"Clayton County started out as farmland. There's too much land here to be a food desert."

"They had a day where you can come out and get fresh fruits and vegetables all day Saturday; they promote it and you hear about it, and I sometimes I'll drive out there just to get it."

"One thing that more fruit and vegetables stand in centrally located places and getting the word out for different senior citizens...we all have to think about our senior citizens, that mobility issue."

"I really feel like [we should be] teaching children [agricultural skills] because the hands-on, practical...You plant the seeds, you water it, you put soil on it, and put it in the sun."

Interest in Farm Stand/Mobile Farmer's Market

All three participants expressed high interest in farm stands and mobile farmer's markets and felt that their community members would also be very interested in having access to them. They stated that they are interested because it makes fresh FV easier and more accessible. Focus group participants were not aware of Electronic Benefit Transfer (EBT) incentives at farm stands—where each dollar spent is worth \$2 of produce. They positively responded to this incentive and recommended that it should be promoted more widely.

"I was just excited to see [farmer's market]. [I had] questions for the people who were actually promoting their stuff. They had stuff to make things attractive. The local people that go on they're able to say, 'Hey, you should try this.'"

"I'm interested in supporting [farm stands and mobile markets] because if you don't support it, all you're doing is complaining about and expecting a different result without making changes. That's the definition of insanity."

The table below (Table 3) highlights the types of fresh FV participants claimed their children would love to eat if offered on a farm stand or mobile food market.

Table 3. Types of FV Participants' Children Love to Eat (as quoted by participants)

• Apples	• More exotic fruits
• Baby spring mix	• Nectarines
• Bananas	• Oranges
• Broccoli	• Peaches
• Coconuts	• Pears
• Corn	• Plums
• Grapes	• Sea moss
• Green beans	• Seaweed
• Greens	• Strawberries

Ideas to Increase FV in Community

Focus group respondents suggested the following when asked about opportunities or programs they would like to see in their communities to increase the availability of fresh, local FV:

- Gardening and cooking classes for the community,

- Parent-child workshops for gardening and cooking,
- Agricultural education in schools,
- Soil testing (e.g., acidity level testing) for people interested in growing their foods, and
- Education on how to save seeds.

Participants felt strongly that the community would be interested in and support the opportunities and programs they recommended. They stated that to increase the likelihood of community members taking advantage of the programs, they would need to be promoted well.

"Billboards and advertisements to be just like radio advertisements, television advertisements...Possibly pay to put it on the news."

Civic Engagement around Food

Participants stated that they currently have no forum to voice their thoughts and opinions about health in their community. Furthermore, they were not aware of any fresh FV or healthy eating alliances in the community but were willing to participate in them. As with other topics discussed, participants emphasized more widespread promotion of alliances and other spaces where they could share their thoughts about health in their communities.

"And people understand knowledge is power. So why just keep the knowledge to yourself? When you hear about it, you're supposed to [share it] so the people that need to know [will know] and they can't say that they didn't hear."

Key Takeaways and Recommendations

Based on the findings of the assessments and focus group, the 2024-2025 Community Plan should focus on:

- **Additional support around Education and Professional Development and Policy for ECEs and the middle/high school.** HHSP can support ECEs by sending educational materials directly to families, supporting sites by drafting policy language around nutrition, and generally reducing barriers for educators at the various sites. Similarly, HHSP can help the middle/high school draft wellness policy language (if needed) and disseminate it to the school community and families.
- **Support around implementing taste testing opportunities at the middle/high school.** HHSP has the expertise to train educators and school staff on how to incorporate taste tests at lunch.

- **Identification of nutrition- and garden education curricula for middle/high school.** HHSP has resources to help wellness teams at the school identify appropriate curricula that educators can use in conjunction with curricula they are already using.
- **Improved communication for enhanced functioning for the Clayton Collective.** HHSP could support this by inquiring with Clayton Collective members about what “improved communication” means to them and how it can be operationalized.
- **Increasing and promoting farm stands and mobile farmer’s markets in Clayton County communities.** To date, HHSP has coordinated 72 farm stands providing fresh, local produce at four locations in Clayton County. These markets accept SNAP/EBT benefits and sell produce at affordable prices. HHSP can increase its farm stand offerings by frequency and varied locations and invest more in marketing and promoting the markets.
- **Heavy and widespread promotion of EBT incentives at farm stands and mobile farmer’s markets.** HHSP is well-equipped to support this endeavor and can begin promotional efforts.
- **Heavy and widespread promotion of health-focused alliances and other spaces where Clayton County residents can express their thoughts and concerns about community health.** HHSP is well-equipped to support this endeavor and can begin promotional efforts. Furthermore, HHSP is inviting parents and caregivers, nonprofit organizations, faith-based organizations, elected officials, and other entities to be part of the Clayton Collective- in-person quarterly meetings.

Limitations

The evaluation was a cross-sectional, non-experimental design. The data presented in this report are preliminary baseline assessments from seven ECE sites and one middle school in Clayton County, Georgia. Although the results can only be generalized to the ECE sites assessed, findings elucidate needs that may be common among other ECE sites. Similarly, the focus group data represent three parents/caregivers living in Clayton County. Although findings may not represent all Clayton County residents, this formative evaluation highlights potential needs that HHSP could support.

What’s Next

The findings from the assessments and focus group, and conversations and feedback from the Clayton Collective (during Quarterly Meetings) constitute HHSP’s Clayton Collective Community Plan that will guide nutrition education and food access outreach.

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Appendix A. The Wilder Collaboration Factors Inventory (Condensed Version)

Below are 20 ranking questions and 2 open-ended questions that will be used to assess the effectiveness of The Clayton Collective as it currently stands.

Please provide a ranking of 1-5 of the following prompts, with 1 being completely disagree and 5 being in complete agreement.

1. Trying to solve problems through collaboration has been common in this community. It has been done a lot before.
2. The political and social climate seems to be “right” for starting a collaborative project like this one.
3. The time is right for this collaborative project.
4. I have a lot of respect for the other people involved in this collaboration.
5. The people involved in our collaboration represent a cross-section of those who have a stake in what we are trying to accomplish.
6. All the organizations that we need to be members of this collaborative group have become members of the group.
7. My organization will benefit from being involved in this collaboration.
8. The level of commitment among the collaboration participants is high.
9. People in this collaborative group have clear sense of their roles and responsibilities.
10. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.
11. This collaborative group has been careful to take on the right amount of work at the right pace.
12. A system exists to monitor and report the activities and/or services of our collaboration.
13. We measure and report the outcomes of our collaboration.
14. Information about our activities, services and outcomes is used by members of the collaborative group to improve our joint work.
15. People in this collaboration communicate openly with one another.
16. The people who lead this collaborative group communicate well with the members.
17. Communication among the people in this collaborative group happens both at formal meetings and informal ways.
18. I personally have informal conversations about the project with others who are involved in this collaborative group.
19. People in our collaborative have established reasonable goals.

20. Open-ended question: What is working well in your collaborative? (Examples: Communication and establishing a shared vision and clear set of objectives; Involvement from all of the required stakeholder groups)
21. Open-ended question: What needs improvement in your collaborative? (Examples: More consistent communication; Things that most need improvement in my collaborative are: Planning, Scheduling, Moving to Action)

Appendix B. SNAP-Ed Parent/Caregiver Focus Group Guide

Focus groups will only be conducted with individuals who have completed the consent form.

Good evening. My name is **Dr. Linda Animashaun** and this is **Ms. Jojo Mcleod** and we want to first thank you all for taking the time to speak with us today. We are from the **Hand, Heart + Soul Project**, and we are partnering with **Public Health Institute** to determine what support is needed for children in Clayton County to increase the consumption and purchase of healthy foods, including fruits and vegetables.

In front of you is the consent form for participating in the group. I'll summarize it now, but feel free to take a moment to read through it. You will also receive a copy to take with you. It has contact information at the bottom should you have any questions later.

We are having this discussion with you today because we are interested in learning more from your experience as a parent/caregiver in Clayton County. We will also take notes and record the discussion for transcription purposes only. All notes and recordings will be stored on a secure computer system that is only accessible to the research team. You do not have to answer every question. Your participation in this discussion is voluntary and you can decide to stop at any time.

Our goal is to create a safe space for open dialogue, but we recognize that there can be discomfort when discussing issues in the community. Please speak from your own experience and be respectful of others' opinions. There are no right or wrong answers.

Our discussion will take between 60-90 minutes. After the focus group, you will receive a \$50 E-gift card as reimbursement for expenses related to your participation in this interview. We ask that you respect the privacy of others and do not talk about what you hear today outside of this group even if you recognize or know anyone outside this group. Every effort will be made to keep the information you share private, however due to the group setting, we cannot be sure that everything discussed today will remain confidential. Does anyone have any questions?

If you have no other questions and would like to participate in the group today, please print, sign, and date the form and pass that up to me.

Yes/No

(If verbal agreement is indicated and signed consent receive, then proceed. If signed consent is not received, then thank participant for their time and dismiss them from the group).

Thank you. As stated before, we would like to record the focus group just so that we are able to capture anything we may have missed by note taking. Do we have your permission to record?

Yes/No

(If verbal agreement is indicated, then proceed. If verbal agreement is not indicated, then thank participant for their time and dismiss them from group).

Thank you! I will now begin recording.

To begin, let's briefly introduce ourselves. Can each of you please share your first name and tell us a few of the fresh FV you like eating at this time of year?

1. How is healthy (i.e., fresh or frozen FV) food made accessible, available, and affordable in the community?
 - o Are you able to buy and prepare as many FV as you would like for yourself or your family?
 - i. What makes it harder?
 - ii. What would make it easier?
 - i. Are there differences in different parts of the community?
2. Where do you most often buy fresh FV?

- Why do you buy FV at this location?
 - What is most important to you when choosing FV?
3. In some communities, access to fresh FV is limited for various reasons including availability or grocery stores located in areas of the community that are hard to reach without transportation. Thinking about your community, what can be done to improve the availability of healthy foods?
- Policies: food distribution; Programs: nutrition education, community gardens, healthy food incentives; Infrastructure: transportation
4. A farm stand is a small market at or near a farm/community garden that sells fresh, locally grown FV directly to consumers. Based on your knowledge and experience in the community, how much interest do you and other community members have in purchasing FV at a farm stand?
- Probe: Why are you/they interested? Uninterested?
- What would make it more likely for people to shop at a farm stand? What would encourage you to try shopping at a farm stand for the first time?
5. Similarly, a mobile farmers market is a farm stand that can be offered in different locations and on certain days and times. Mobile farmers markets are often vans or trucks that can store and sell fresh produce and other foods right from the van or truck. Based on your knowledge and experience in the community, how much interest do you and other community members have in purchasing FV at a mobile farmers market?
- Probe: What makes you/them interested? Uninterested? What would encourage you to try shopping at a mobile farmers market for the first time?
6. Thinking about farm stands and mobile markets, we'd love to know what types of FV to offer that the community, particularly children, would like. What are some fresh FV your children love?
1. What are some foods that they do not like?
 - 2.
7. EBT can be used at farm stands and mobile farmer's markets where each dollar spent is worth \$2 of produce. Based on your knowledge and/or experience, what would prevent an individual from using EBT at farm stands or mobile markets?
1. How can HHSP support the use of EBT at farm stands and mobile markets?

8. In addition to a farm stand or mobile market, what other opportunities/programs would you like to see in your community to increase the availability of fresh, local FV?
9. Based on your knowledge and experience, how much shared interest would you or other community members have in these ideas (list them again)?

Probe: Why would you/they like it? Why would you/they not like it?

- What would make it more likely for people to take advantage of these programs?

10. What is the best way to support and make community members aware of FV programs in your community?

11. How can your child care center support healthy eating?

12. We want to know how we can support your voices as parents/caregivers. Where do you go to voice your thoughts and opinions about health in your community?

13. An alliance is a group that is formed among people and/or organizations that have a similar goal. For example, there are alliances in your community whose goal it is to support healthy eating. Are you aware of these alliances in your community, like Healthier Generations, Healthy Eating Workgroup, Clayton Community Resource Network?

Probe: Would you be willing to participate in an alliance? Why or why not?

This concludes our conversation. Thank you for your time!



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The material was funded by USDA's Supplemental Nutrition Assistance Program -- SNAP. This institution is an equal opportunity provider.